LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

Page of Page(s)

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		(Type or print cl	early in black ink) at bottom of page				5	1847.50	C-1		
Lobbyist's name and permanent business address						Date prepared			Period covered		
152		Chaney 8th St. ID 83	642		1/4/05						
Item 1	Totals	of all reportab	le expenditures made or	incurred by Lobb	yist or by	Lobbyist's Empl	oyer on behalf o	of Lobby	ist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for				Proportionate amo		nts contributed by each employer (Identify employers, under of page.)					
Do Not Have to be Reported			All Employers	Employer No.	1 E	mployer No. 2	Employer No. 3		3 Employer No. 4		
Entertainment Food and Refreshment			\$ <u>137.62</u>	\$ <u>137.62</u>	\$_		\$		\$		
Living.	Accommoda	ations			_						
Advertising											
Travel			98.00	98.00							
Telepho	one										
Other Expenses or Services 92.00				92.00							
Total \$ 327.62				\$ _327.62	\$ _		\$		\$		
*\			you are reporting for requ					nould be e	entered on Page 1.		
Item 2	The totals of each expenditure of more than fifty of Date Place				legislator nount		f public office. of Legislators & P	ublic Off	ficials in Group		
	Date		riace	Al	ilount	ranes	or Legislators & I	done on	iciais iii Group		
	Continued on	attached page(s)									
INSTRUCTIONS						Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						No.1 Idaho State Grange PO Box 367, Meridian, ID 83680-0367					
Filing deadline: Annual report is due on January 31st.											
TO	BE FILED V	WITH:									
Ben Ysursa Secretary of State PO Box 83720						No.3					
	Pho		ID 83720-0080 2852 Fax: (208) 334-2	282	No.4						

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or a personal property to any Legislator, or for or on behalf of any legislator.								ey or other tangible or intangible		
	Date		Amount		Name of Legislator Receiving or Benefited						
2/23/04		4 137.62		Douglas J Wayne Mey Darrell B		er Dan		n Bu	Shirley Burtenshaw Schroeder		
					Ken Rober	ts	Ce	cil	Ing	gram	
Item 5	or Ho the Lo	Dennis La bject matter of proposed legislation, the number of the Senate House Bill, Resolution or other legislative activity in which Lobbyist was supporting or opposing.				LEGISLATIVE Subject Agriculture, horticulture,	ATIVE SUBJECT IDENTIFICATION Code Subject Iture, 17 Health service, medicine, drugs				
Subjec (from			solution or Other ive Ident, Number		riation Bill Number Section Number		farming, and livestock		17	and controlled substances, health	
01		НЈМ	11.5			02	Amusements, games, athletic and sports Banking, finance, credit and		18 19	insurance, hospitals Higher education Housing, construction, codes	
01		НЈМ				04	investments Children, minors, youth,		20	Insurance (excluding health insurance)	
01		н74	1			05 06	senior citizens Church and religion Consumer affairs		21 22	Labor, salaries and wages, collective bargaining Law enforcement, courts,	
01		н53	88			07	conservation, zoning, land an	-	23	judges, crimes, prisons License, permits	
01		Н54	8			08	water use Education		24 25	Liquor Manufacturing, distribution and	
01		H54	6			10	Elections, campaigns, voting, political parties	•	26	,	
06		Н59	0a			11	Equal rights, civil rights, minority affairs		27	forest products, fisheries, mining and mining products	
07		Н60)6			''	Government, financing, taxation, revenue, budget,		27 28		
07		Н63	34a			12		nus	20	insurance, public assistance, workmen's compensation	
07		н63	55			13	Government, municipal		29	Transportation, highways, streets and roads	
11		H59	14			15 16	Government, special districts Government, state	ı	30	Utilities, communications, televisions, radio, newspaper,	
29		H50	7						31	other (please specify)	
29		Н61	.6								
29		S12	86				5 00 -		/		
30		Н53	9				Lobbyist signature	. C1	has	ney 1-5-63 Date	
							Employer No. 1 signature	<u> </u>	e. n.	Date 1-6	
							Employer No. 2 signature			Date	
			eby certify that the		a true, complete and		Employer No. 3 signature			Date	
				- 0, -002			Employer No. 4 signature			Date	